



**STATE OF MAINE**  
**DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY**  
**DIVISION OF ANIMAL AND PLANT HEALTH**  
28 STATE HOUSE STATION  
AUGUSTA, MAINE 04333

**JANET T. MILLS**  
GOVERNOR

**AMANDA E. BEAL**  
COMMISSIONER

**GROWER ADDRESS AND GROWSITE LOCATION DISCLOSURE CONSENT FORM**

I, \_\_\_\_\_, understand that information concerning the land area or indoor facility used for the production of hemp is confidential under 7 M.R.S.A. § 2231. I further understand that the USDA requires that address and grow-site location information are required by the USDA to satisfy its reporting requirements for state hemp licensing programs, that the provision of this information by the DACF to the USDA and USDA Farm Service Agency is necessary for DACF's compliance with its USDA approved program, and that the provision of such information to the USDA and USDA Farm Service Agency is also necessary for me to be licensed under Maine's hemp licensing program. Accordingly, I hereby waive my right to confidentiality under § 2231 and, both knowingly and voluntarily, give DACF authorization to release the address and growsite location information on my hemp license application to USDA and USDA Farm Service Agency to satisfy USDA's reporting requirements. I further hereby release DACF and its employees from any claim or complaint I have, or may have, related to the provision of such information to the USDA and/or USDA Farm Service Agency.

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Name

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Signature

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Date

Please return to DACF Hemp Licensing Program as part of your application for a license to grow hemp. If you have questions about this waiver, please contact [hemp@maine.gov](mailto:hemp@maine.gov).

**E. ANN GIBBS, DIRECTOR**  
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